SEEC FURM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

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COVER PAGE

1. NAME OF COMMITTEE			, 1900 n. F	lais)	ďĽcĭ	LLIII
Jodi for Council						,
2. TREASURER NAME						
First Gary	J J	Klemyl	(Suffix Jr
3. TREASURER ADDRESS						
Street Address 27 Harper Ct	3	ity Bristol			State CT	Zip Code 06010
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete of	nly if Candidate	Committee)			6. DISTRICT NUMBER
(mm/dd/yyyy) 11/03/2015	City Council					(if applicable) 2
7. CANDIDATE NAME (Complete only if		1-				
Jodi	MI	Zlis G	agne			Suffix
8. TYPE OF REPORT (Check One Box)						
O January 10 filing	O7th day preceding primary	O 7th	day preceding referendum		nitial Cont PACs ONLY)	ribution or Disbursement
OApril 10 filing	O30 days following primary	O45	lays following referendum	_	Amendmen	
● July 10 filing	O7th day preceding election	O Def	ODeficit		ype of Rep	ort:
October 10 filing	Ol2th day preceding election (State Central Committees Only)	OTer	mination	-		
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election not held in November					
9. PERIOD COVERED						
	Beginning Date		Ending Date			
•	04/01/2015	thru	06/30/2015			
•						,
10. CERTIFICATION						
I hereby certify and state, under processes the period of				nis Itei	mized Car	npaign Finance
Can 9 hal	, / G	ary J Klen	nyk Jr			07/06/2015
TREASURER OR DEPUTY TREASURE	ER (SIMIAPORE) PI	RINT NAME	OF SIGNER		•	DATE (mm/dd/yyyy)
A nerson who is	found to have knowingly and	l willfully vi	olated any provisions of th	e cam	naion fina	nce statutes

rage 1 or 1/

SUMMARY PAGE TOTALS

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	1690.00	0
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
66. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1690.00	0
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1690.00	0
19. Expenses Paid by Committee (Section P)	56.65	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns	s) 1633.35	0
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	О	
26. Campaign Expenses Paid by Candidate (Section Q)	186.42	O
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
	n	

NAME OF COMMITTEE Provide Complete Name as Registered with Filing Repository	į.	TYPE OF REPORT	•			
Jodi for Council		July 10 Filing	July 10 Filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A	_{\$} 0				
B. Itemized C	Contributions from Indivi	duals	1м			
Williams	Wayne					
Residential Street Address 39 Oregon Ln	City Kimberly City	mberly City				
Principal Occupation Retired	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	00 to a candidate for a chief executive he is associated with have a contract Yes No	e officer of a municipality with said municipality	Amount of Contribution 50.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of If yes, indicate which be of government the contributor.		e contractor? Yes No Legislative				
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMor	Date Received 05/13/2015	Aggregate Contributions				
Last Name Zlis	First John		MI P			
Residential Street Address 82 Robertson St	City Bristol	stol State CT Zip Code CT 06010				
Principal Occupation Retired	Name of Employer		•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	00 to a candidate for a chief executive the is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution 200.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which boof government the contributor a principal of government the contributor aprincipal of government the government the government the government the government t		C Legislative				
Method of Contribution: OCash Personal Check Ocredit/Debit Card Payroll Deduction OMon	Date Received 05/20/2015	Aggregate Contributions				
Last Name Carrier	First Jake	-	MI			
Residential Street Address 19 Winston ct	City Bristol		State Zip Code CT 06010			
Principal Occupation Contractor	Name of Employer JFC Endeavors, I	nc				
	00 to a candidate for a chief executive the is associated with have a contract Yes No		Amount of Contribution 50.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which be of government the contributor of government the contributor a principal of the section of government the contributor approach of government the governm		e contractor? OLegislative				
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction OMon	Date Received 05/18/2015	Aggregate Contributions				
SUI	BTOTAL Section B — This	Page 300.00				
TOTA	AL of additional Section B I	ages 1390.00				
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections)					

					`	,	P. L
NAME OF COMM Jodi for Counc	MITTEE <i>(Provide Comples</i> e Sil	Name as Registered	with Filing Reposi	tory)		TYPE OF REPORT July 10 Filing	<u> </u>
Name of Committee		C1. (Contributio	ns from (Other Com Name of Tre		
Address				Is this cor	orted in Section	ated with an OYes ONo L1? , list Event #	Amount of Contribution
City		State	Zip Code	Date Re	eceived	Aggregate Contributions	
Name of Committee		_			Name of Tre	asurer	
Address				Is this cor	orted in Section	ated with an Yes No L1? , list Event #	Amount of Contribution
City		State	Zip Code	Date Re		Aggregate Contributions	
Name of Committee				1	Name of Tre	asurer	
Address	ess					ated with an Yes No L1? , list Event #	Amount of Contribution
City		State	Zip Code	Date Re	eceived	Aggregate Contributions	
Name of Committee	C2. R	eimbursemei	nts or Surp	lus Distri	Name of Tre	m other Committees asurer	
Address				City			State Zip Code
Date Received Description	Expenditure # (if applicable)	Payment Type OReimburser	ment for shared	expense (Surplus Distrib	oution	Amount of Receipt
Name of Committee				ragual agramasi este del 1807 (1874) este establea	Name of Tre	easurer	
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimbur	sement for share	ed expense	OSurplus Dist	ribution	Amount of Receipt
Description							
			SUBTO	OTAL Sec	tion C — Th		
	TOTAL OF	ALL COMMI			nal Section (
		SC1 + C2) (Ente					

Jodi for Council	Registered with Filing Reposi	tory)		TYPE OF July 10	REPORT Filing	
	D. Loans	Receiv	ed this Period	1		
ame of Lender			Source of Loan: OBank O Cand	idate O Individua	Other Committee	Date of Receipt
treet Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan O Yes No
ame of Cosigner/Guarantor (if applicable)						Amount Received
treet Address	City			State	Zip Code	
ame of Lender			Source of Loan: OBank Cand	idate O Individua	Other Committee	Date of Receipt
reet Address	City	,		State	Zip Code	Is there a Cosigner or Guarantor of this loan Yes No
ame of Cosigner/Guarantor (if applicable)		g, commendative medical constitution of the second			<u> </u>	Amount Received
treet Address	City			State	Zip Code	
ame of Lender			Source of Loan: OBank O Cano	idate O Individua	Other Committee	Date of Receipt
reet Address	City			State	Zip Code	Is there a Cosigner of Guarantor of this loan O Yes O No
ame of Cosigner/Guarantor (if applicable)						Amount Received
treet Address	City			State	Zip Code	
			TOTAL SECT	OND 0		
E. Receipts from Entition	es other than Indiv	viduals	or Other Com	nittees <i>(Referer</i>	dum Committe	es ONLY)
reet Address				Date Received		Amount Received
		State	Zip Code	Aggregate Contril	·	
ity		ı		riggiegate contri		
				riggiogate contri		
ame of Entity				Date Received		Amount Received
ame of Entity creet Address		State	Zip Code			Amount Received
ame of Entity reet Address		State	Zip Code	Date Received		Amount Received
ity fame of Entity treet Address ity fame of Entity treet Address		State	Zip Code	Date Received		Amount Received

Jodi for Clouncil	EE (Provide Complete Name as Registere	d with Filing Repository)		TYPE OF R July 10 I	
	F. Amount Transferred fr	om Affiliated Busines	s Treasury (Busine	ss Entity Co	mmittees ONLV)
ate of Receipt	Is this transaction associate event reported in Section L		s, list Event#		Amount
ate of Receipt	Is this transaction associate event reported in Section L	100 1, 90	s, list Event #		Amount
ate of Receipt	Is this transaction associate event reported in Section L		s, list Event #		Amount
ate of Receipt	Is this transaction associate event reported in Section L		s, list Event #		Amount
			TOTAL SECTION	F 0	
G. Amount	Fransferred from Affiliate	d Labor Union or Otl	ner Organization	Freasury (Organization Committees ONLY)
ate of Receipt	Da	ate of Receipt		Date of Receipt	
		-		•	
	Amount	Amount	;		Amount
	Amount		OTAL SECTION O		Amount
	Amount				Amount
	Amount H. Personal Funds of the	T	OTAL SECTION G	. 0	
ate of Receipt	H. Personal Funds of the	T ne Candidate Received	OTAL SECTION O	0 Ildate Comm	
-	H. Personal Funds of the Method of payment: OCash	T	OTAL SECTION G	0 Ildate Comm	ittees ONLY) Amount
•	H. Personal Funds of the	T ne Candidate Received	OTAL SECTION O	O lidate Comm	ittees ONLY)
ate of Receipt	H. Personal Funds of the Method of payment: OCash Method of payment:	To the Candidate Received O Personal Check	OTAL SECTION G	O lidate Comm	ittees ONLY) Amount
ate of Receipt	H. Personal Funds of the Method of payment: OCash Method of payment: OCash	To the Candidate Received O Personal Check	OTAL SECTION G	lidate Comm	itteer ONLY) Amount Amount
ate of Receipt ate of Receipt ate of Receipt	H. Personal Funds of the Method of payment: OCash Method of payment: OCash Method of payment:	The Candidate Received O Personal Check O Personal Check	OTAL SECTION G I this Period (Cana O Credit/Debit Co	lidate Comm	ittees ONLY) Amount Amount

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE. Provide Complete Name as Registered with Jodi for Council	Filing Repository)		OF REPORT 10 Filing	٠,
J. Interest 1	rom Deposits in Authorized Accou	nts		
Name of Institution		Date Re	eceived	Amount
Street Address	City	State	Zip Code	_
Name of Institution		Date Re	eceived	Amount
Street Address	City	State	Zip Code	-
	TOTAL SECTIO	NJ (0	
K. Miscellaneous M	onetary Receipts not Considered Co	ontribi	utions	
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	·
Description				
Decempeson				
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		1		
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description			L	
•				
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description			<u> </u>	
		22.00		
	TOTAL SECTION K	0		
SUMMARY OF OTHER	R MONETARY RECEIPTS (Section	ns D tl	hrough K)	
Total Loans Received this Period (Section D)			0	
Total Receipts from Entities other than Individuals or O	ther Committees (Section E)	+	0	
Total Amount Transferred from Affiliated Business Trea	nsury (Section F)	+	0	
Total Amount Transferred from Affiliated Labor Union	or Other Organization Treasury (Section G	G) +	0	
Total Amount of Personal Funds of the Candidate Received	ved this Period (Section H)	+	0	
Total Amount of Interest from Deposits in Authorized A	ccounts (Section J)	+	0	
Total Miscellaneous Monetary Receipts not Considered			10	
Total Miscommodus Monetaly Receipts not Constacted	Contributions (Section K)	+	0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Jodi for Council	TYPE OF REPORT July 10 Filing	
Lt. Even	t Information	
Event # Date of Event A Description Fundraiser at candidate's residence		Was this a fundraising event?
Location: Street Address 1192 Hill St	City Bristol	State Zip Code CT 06010
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations no Associated with a House Party and complete purchases made by host(s) for food, beverage at O No	required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations no and complete required information.) No	ot Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.) ONo No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Communities of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Advertis or on a Sign and complete required informat No	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo	\$
Event # Date of Event Letter Description		Was this a fundraising event? OYes ONo
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L5 In-Kind Donations no Associated with a House Party and complete purchases made by host(s) for food, beverage ar ONo	required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	O Yes (If yes, go to Section L4 In-Kind Donations no and complete required information.) O No	ot Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.) No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Committees there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Mittees other than Exploratory Committees) O Yes (If yes, go to Section L3 Purchases of Advertisor or on a Sign and complete required informations	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fi	rom Sale of Donated Items — This Page 0	
	tion L1—Subpart 3 (Town Committees ONLY) eipts from Food Purchases — This Page	
TOTAL OF ALT BEOL	TOTAL of additional Section Lt Pages 0	
TOTAL OF ALL RECE	EIPTS FROM SMALL PURCHASES 0	

TO ALL TALLES AND ARTHUR AND TO A TOPO TO A TALLET AND A

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE Jodi for Council	(Provide Complete Name as Registe	red with Filing Reposito	ery)	TYPE OF REPO July 10 Filin			
	L3 Purchase	s of Advertisin	o in a Proor	am Book or on a Sign			
Name of Purchaser			'6 '' '' '' '' ''		Purchas	e Made By:	
					OBu	siness Entity	Other
•					1 =	lividual/Sole F	roprietorship
Street Address			City		h	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ise .	Amount of Si	gn Purchase
Name of Purchaser		1			Purchas	e Made By:	
					OBu	siness Entity	Other
					OInd	lividual/Sole P	roprietorship
Street Address			City		L	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Exemts	Amount of Dungman Ad Dungh		Amount of Si	m Dunchese
Date Received	Even #	Aggregate Futchases	ioi An Events	Amount of Program Ad Purch	ise	Amount of Sig	gn rurciase
Name of Purchaser		1			Purchas	e Made By:	
					OBu	siness Entity	Other
					OInd	lividual/Sole P	roprietorship
Street Address			City		Barrer Carlon	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	250	Amount of Si	m Purchasa
Date Received	Dvene "	715gregate 1 drointses	ioi iii isvelius	Ambun or rivgram Au ruich	134	Annun of Si	git i di cimsc
Name of Purchaser					Purchas	e Made By:	
					OBu	siness Entity	Other
					OInd	lividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
						·	
Name of Purchaser					Purchas	e Made By:	
					OBu	siness Entity	Other
					OInd	lividual/Sole P	roprietorship
Street Address			City		<u> </u>	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Exemps	Amount of Program Ad Purch		Amount of Si	m Punchasa
Date Received	Even #	Aggregate rutchases	ioi Aii Evenis	Amount of Frogram Au Furch	ase .	Ambum di Se	gn rui chase
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in	Program Book — This Page)		
	SUBTOTAL Sect	tion La Total Purc	hases of Adver	tising on a Sign — This Page)		
			TOTAL of	additional Section La Pages)		
TOTA	L OF ALL PURCHASES (OF ADVERTISIN	G IN A PROG	RAM BOOK or ON A SIGN ()		

II. L V LIVI AC 11 VII I (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as Register	red with Filing Repository)			TYPE OF REPOR	T			
Jodi for Council					July 10 Filing				
	L4. In-K	ind Donations N	ot Consider	red Contribu	itions				
Name of Donor									
Jodi and Steve Ga	agne								
Street Address			City				State	Zip Code	
1192 Hill St			Bristol				СТ	06010	
Donation Given By:	Description of Donation		.	,		Fair N	Fair Market Value of Donation		
O Business Entity	Use of home 0								
● Individual	Date Received	Event #		Aggregate Value fo	or this Event				
O Sole Proprietorship	6/4/2015	060415A		0					
Name of Donor									
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation					Fair N	Market Val	ue of Donation	
OBusiness Entity									
OIndividual	Date Received	Event #		Aggregate Value fo	or this Event				
OSole Proprietorship									
Name of Donor				***************************************		<u> </u>			
Street Address			City		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State	Zip Code	
Donation Given By:	Description of Donation					Fair N	larket Vah	ue of Donation	
Business Entity									
Olndividual	Date Received	Event #		Aggregate Value fo	or this Event				
O Sole Proprietorship									
Name of Donor									
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation		<u> </u>			Fair M	larket Valu	e of Donation	
O Business Entity									
Q Individual	Date Received	Event #		Aggregate value fo	r this Event				
O Sole Proprietorship									
		STIP TE	VILL Constan	L4— This Pag		L			
		SUBTE	PIAL SECTOR	1.4— 1 IIIS F ag	e 0				
		TOTAL	of additional	Section L4 Page	es 0				
TOT	'AL OF ALL IN-KIND DON <i>.</i> Enter	ATIONS NOT CON total on Line 21, Coli							
	•			* * *	100				

II. EVENI ACTIVITI (Sections LI—LS)

NAME OF COMMITTEE P	rovide Complete Name as Registered with Filing Rej	pository)		TYPE OF RE	PORT	- 1
Jodi for Council				July 10 Fi	ling	
L5.	In-Kind Donations Not Consideration	ered Contributions Assoc	iated with a I	Touse Par	ły	
Name of Host			committee?		o	ne candidate or dendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
Name of Host			committee?	supporting management of Supporting management	o	ne candidate or
Street Address		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Description of Donation				Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
Name of Host			committee?	supporting me OYes ON omplete Itemize	o	ne candidate or
Street Address		City		.	State	Zip Code
Description of Donation				Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate	-		
Name of Host			committee?	supporting mo OYes ON omplete Itemize	o	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Maı	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
		SUBTOTAL Section L5 -	— This Page	0		
		TOTAL of additional Section	on L5 Pages	0		
TOTAL O ASSOCIATED WITH	OF ALL IN-KIND DONATIONS N A HOUSE PARTY (Enter total or	OT CONSIDERED CONT Line 22, Column A of Summa		0		

NAME OF COMMITTEE (Provide Complete Jodi for Council	Name as Re	rgistered with	Filing Reposit	ary)				FREPORT O Filing		
			M. In-l	Kind Con	tri	butions				
Name										
Street Address			***************************************		City	T			State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Co	ontributions	L	Description of In-Kind	Contributio	n		1
Olindividual / Sole Proprietorship Oother	If contri	bution is in	excess of \$40	00 to a candid	late	for a chief executive of	officer of a	municipality.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Fair Market of this Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?									
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	indicate whi	al of a state co ch branch or ontract is with	bra	actor or prospective st inches Executive	_	ONo		
Name										
Street Address					City	·			State	Zip Code
Type of contributor: Ocommittee	Date Recei	ived	Aggregate Co	ontributions	L	Description of In-Kind	Contribution	n	1	
OIndividual / Sole Proprietorship Oother	If contr	ribution is in	excess of \$4	100 to a candi	date	e for a chief executive	officer of	a municinality	Foir N	farket Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ontributor or at more than	business he/	she is associa	ted	with have a contract w	vith said m	unicipality		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	indicate which	al of a state co on branch or contract is with	bra	actor or prospective stanches Executive	_	O No		
Name										
Street Address					City	7			State	Zip Code
Type of contributor: OCommittee	Date Recei	ved	Aggregate Co	ontributions	L	Description of In-Kind	Contribution	n .	<u> </u>	
OIndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/			e for a chief executive with have a contract v Yes No				larket Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	indicate which	of a state co ch branch or contract is with	bra	actor or prospective stanches Executive	_	ONo		
Tyyes, use D voice		01 6010			95000	tion M— This Pa			***************************************	
						nal Section M Pag				
TOTAL OF ALL IN-KIND CON	TRIBU	TIONS Œ				-				
	N.	Refund	dable De _l	osit to T	ele	phone Compan	ıy			
Last Name of Individual				First				М	Date Deposit	Made
Residential Street Address			Ci	ty			State	Zip Code	A	mount of
Name of Telephone Company						:				Deposit
Street Address			Cit	ty			State	Zip Code		

NAME OF COMMIT Jodi for Council	TEB (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT July 10 Filing		- (
	P. Expenses	Paid by Committee				
Name of Payee Staples			Date of Payment 06/04/2015	Method of I Check Debit	#	
Street Address 871 Farmington	Ave	City Bristol		State CT	Zip Code 06010	
Purpose of Expenditure (by code) office	Description Copies for Contribution forms	Event # 060415A	3.51	Amount		
Expenditure # (if applicable)						
Name of Payee Maple End pack	age Store		Date of Payment 06/17/2014	Method of F O Check O Debit	#	
Street Address 192 North St		Bristol		State	Zip Code 06010	
Purpose of Expenditure (by code) FNDR	Description Home Fundraiser on 6/4/2015		Event # 060415A	53.14	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independ	lent			
Name of Payee			Date of Payment	Method of P O Check O Debit (#	
Street Address		City		State	Zip Code	
Purpose of Expenditure by code)	Description		Event#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	ure)	ŕ			
Name of Payee			Date of Payment	Method of F O Check O Debit	#	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	re) Q Indepen	,			
	S	SUBTOTAL Section P-	-This Page 56.65			
	To	OTAL of additional Section	on P Pages 0			
	TOTAL OF ALL EXPE	NSES PAID BY CON	AMITTEE 56.65			

NAME OF COMMIT Jodi for Council	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT July 10 Filing		T
	Q. Campaign Exp	enses Paid by Candi	date		
Name of Payee (Name of)	Vendor, Person or Entity who candidate paid directly)	•	Date of Payment	Is reimb	ursement claimed?
BJ's			06/03/2015	0	Yes 🔘 No
Street Address 75 Spring St		City Southington		State CT	Zip Code 06489
	I Description	Coutington	Event #		
Purpose of Expenditure (by code) FNDR	Home Fundraiser on 6/04/2015		060415A	141.9	Amount 9
Name of Payee (Name of Payers Harvest Bakery	Date of Payment 06/04/2015		Is reimbursement claimed? Yes No		
Street Address 84 Farmington A		State CT	Zip Code 06010		
Purpose of Expenditure (by code) FNDR	Description Home Fundraiser on 6/4/2015		Event # 060415A	9.15	Amount
Name of Payee (Name of Stop and Shop	Vendor, Person or Entity who candidate paid directly)		Date of Payment 06/04/2015	Is reimb	vursement claimed? Yes () No
Street Address 597 Farmington	Ave	City Bristol		State	Zip Code 06010
Purpose of Expenditure (by code) FNDR			Event # 060415A	35.28	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	1	ursement claimed? Yes O No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		 Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment		ursement claimed?
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (<i>Name of</i> 1	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	ursement claimed? Yes O No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
	<u> </u>	SUBTOTAL Section Q	- This Page 186.42		
	TC	OTAL of additional Section	on Q Pages 0		
	TOTAL OF ALL EXP	PENSES PAID BY CA			

VAME OF COMMIT! Jodi for Council	$\overline{ ext{EE}}$ (Provide Complete Name as Registered with Filing Repositor)	9			FREPORT O Filing		ı
	R. Expenses Incurre	ed on Con	mittee Cre	dit Card			Till the state of
Name of Issuing Insti	tution	Type of Cre	dit Card:				
		O Visa	OMaster C	ard ODiscov	er OAmerica	in Express	s OOther:
Name of Vendor, Person	or Entity	J				Date of T	Fransaction
Street Address		City				State	Zip Code
out of the out		City				Side	2.p 00
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend) Coordinated without reimbursement sought (in-kind of	liture)	Q Indepe		з Ос Ов		
Name of Vendor, Person	or Entity					Date of T	Fransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description		Marin (1931) (1931) (1944) (1944) (1944) (1944) (1944) (1944)	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of)	diture)	O Indepe		в Ос Ор		
Name of Vendor, Person	or Entity					Date of T	Fransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind of the below)	diture)	O Indepe		в Ос Ор		
	.	UBTOTAL	Section R—'	This Page	0		
	Т0	TAL of add	tional Section	R Pages	0		
TC	OTAL OF ALL EXPENSES INCURRED ON (Enter total on Li				0		

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•					
NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Re	pository)	TYPE OF REPORT		·
Jodi for Council			July 10 Filing		
	S. Expenses Incurred by	Committee but Not Paid	During this Period		
Name of Creditor				Date Incurr	ed
Street Address		City		State	Zip Code
'urpose of Expenditure	Description		Event #	Ame	ount Incurred
oy code)				(Est	imate or Actual)
xpenditure #	The CE of the Management of Address of the CE	anninad surlana "Nama aféka kalasu"	is abackar	-	
f applicable)	Type of Expenditure (Itemization in Addendum S Re		<i>endent</i>		
	None of the below Coordinated with reimbursement sought (join	t expenditure) Organi	ization:Or OB OC OI)	•
	Coordinated without reimbursement sought (in	n-kind contribution)	0-0-0-0-		
Vame of Creditor				Date Incurr	ed
Street Address		City		State	Zip Code
'urpose of Expenditure	Description		Event #	Am	ount Incurred
oy code)				1	imate or Actual)
Expenditure #				4	
if applicable)	Type of Expenditure (Itemization in Addendum S Re				
	None of the below Coordinated with reimbursement sought (joint	t expenditure) Indepe	zation: OA OB OC OE		
	Coordinated without reimbursement sought (in				
Jame of Creditor				Date Incurr	ed
Street Address		City		State	Zip Code
'urpose of Expenditure	Description		Event #	Am	ount Incurred
oy code)					imate or Actual)
			1		
Expenditure # 'if applicable'	Type of Expenditure (Itemization in Addendum S R				·
	None of the below Coordinated with reimbursement sought (join	•	endent		
	Coordinated without reimbursement sought (i		ization:OA OB OC OI	'	
	10			<u> </u>	
		SUBTOTAL Section	S-This Page 0		
		TOTAL of additional Sac	S Barros O		
		TOTAL of additional Sec	ction S Pages 0		
FOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE	DURING THIS PERIOD BU	ENOT PAID 0		
19		otal on Line 28, Column A of Summe			
		The Manual of the Control of the Con	Outstanding 0		
	Previously report	ted Expenses Unpaid and still O	rutstanding U		
	TOTAL OF ALL EXPENSES INCU	JRRED BY COMMITTEE BU	T NOT PAID 0		
		al on Line 28a, Column A of Summa			

VAME OF COMMITTE	EE. (Provide Complete Name as Registered with Filing Repo	sitory)		YPE OF REPORT uly 10 Filing	•
	T. Itemization of Rei	mbursements	and Secondary Pa	ayees	
Last Name of Worker/Cor	nsultant	First		М	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			Payment to Reimburse reported in Section P:	Committee Worker/Consultant as Debit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Req. None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	expenditure)	O Independent O		
Last Name of Worker/Con	sultant	First		М	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			Payment to Reimburse reported in Section P: Check #	e Committee Worker/Consultant as O Debit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum T Reg. None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure)	O Independent O		
Last Name of Worker/Con	nsultant	First		МІ	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant			Payment to Reimburst reported in Section P:	e Committee Worker/Consultant as O Debit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Reg. None of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	expenditure)	O Independent	O O O O	
		SUBTOTA	L Section T — This P	age 0	
		TOTAL of a	dditional Section T Pa	ges 0	
TOTAL OF ALI	. REIMBURSEMENT TO COMMITTE	E WORKERS	AND CONSULTAN	NTS 0	

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OI	10

NAME OF COMMITTEE (Provide Complete Name as Re Jodi for Council	gistered with Filing Repository)			TYPE OF REPORT July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY							
	(See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
	B. Itemized Cor	ıtril	outions from Individ	duals			
Last Name Carrier		1-	Francine			MI H	
1*					State CT	Zip Code 06010	
Principal Occupation Manager	en en este se en		Name of Employer JFC Endeavors, II	NC		1	
or dependent child of a lobbyist? No does	atribution is in excess of \$400 to contributor or business he/she at more than \$5,000?				, Amo	ount of Contribution	
	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	ontractor or prospective state	OLegislative Yes			
Method of Contribution: Cash Personal Check Ocredit/Debit Card C	Payroll Deduction OMoney	Orde	Date Received 5/18/2015	Aggregate Contributions			
Last Name Hamelin			rirst David			R R	
Residential Street Address 62 Haviland St		City Bris	stol		State CT	Zip Code 06010	
Principal Occupation Auto Service Tech			Name of Employer Hamelin & Sons,	Inc			
or dependent child of a lobbyist? No does	tribution is in excess of \$400 to contributor or business he/she id at more than \$5,000?				50.	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which brain of government the contract	nch o	r branches	e contractor? O Legislative	,		
Method of Contribution: Cash Personal Check Credit/Debit Card C	Payroll Deduction OMoney	Orde	FIGGIOOAF	Aggregate Contributions			
Last Name Delmonte			First Ruth			М	
Residential Street Address 38 Maiden Lane		City Bri t	stol		State CT	Zip Code 06010	
Principal Occupation Retired			Name of Employer .				
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 to contributor or business he/she d at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive OLegislative							
Method of Contribution: Cash Personal Check Ocredit/Debit Card C	Payroll Deduction OMoney	Orde	Date Received	Aggregate Contributions			
	SUBT	ГОΤ	AL Section B — This	Page 150.00			
	TOTAI	of:	additional Section B P	'ages			
TOTAL OF ALL C	ONTRIBUTIONS FROM	1 IN	DIVIDUALS (Sections A	(+ B)			

Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Order

SUBTOTAL Section B—This Page

TOTAL of additional Section B Pages

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Enter total on Line 13, Column A of Summary Page Totals)

Section B ADDITIONAL PAGE 3 of 10

NAME OF COMMITTEE (Provide Complete Name as R Jodi for Council	egistered with Filing Repository)			TYPE OF REPORT July 10 Filing		
A. Total Contributions from Small				§ 0		
See instructions for definition of Small Contr	ibitor) S	UBIC	OTAL SECTION A			
	B. Itemized Cor	atribe	itions from Individ	duals		
Last Name		Firs				MI
Simoneau		L_	larcel			A
Residential Street Address 107 Brace Ave	(City Bristo	ol		State CT	Zip Code 06010
Principal Occupation Retired			Name of Employer			
or dependent child of a lobbyist? No does	ontribution is in excess of \$400 ts contributor or business he/she is and at more than \$5,000?				, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a si If yes, indicate which bran of government the contract	ich or bi	ranches	Contractor? Yes No OLegislative		
Method of Contribution:			Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	6/2/2015			
Last Name Ruth		Firs Ja	amie			MI
Residential Street Address	C	City			State	Zip Code
13 Holt St #41		Terry	ville 		СТ	06786
Principal Occupation System Service Rep			Name of Employer IBM			
or dependent child of a lobbyist? No does	ontribution is in excess of \$400 to s contributor or business he/she is and at more than \$5,000?				Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or b	ntractor or prospective state oranches	e contractor? Yes No		
Method of Contribution:	OI BOADHIMININ IN ANIMA	113 7711	Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	6/02/2015			
Last Name Carlson		Firs Li	inda			МІ
Residential Street Address	(City	-		State	Zip Code
41 Root Ave		Bristo			СТ	06010
Principal Occupation Collectibles			Name of Employer Cliff Carlson			
or dependent child of a lobbyist? No does	ontribution is in excess of \$400 ts contributor or business he/she is ed at more than \$5,000?				, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or b	ranches	e contractor? OLegislative		
Method of Contribution:			Date Received	Aggregate Contributions	1	
Cash OPersonal Check OCredit/Debit Card (Payroll Deduction OMoney	Order	06/04/2015			
	SUBT	'OTAI	L Section B — This	Page 75.00		
	TOTAL	of ad	lditional Section B P	'ages		
TOTAL OF ALL	CONTRIBUTIONS FROM		VIDUALS (Sections A			

Section B ADDITIONAL PAGE 4 of 10

NAME OF COMMITTEE Provide Complete Nam	ne as l	Registered with Filing Repository)			TYPE OF REPORT			
Jodi for Council					July 10 filing			
A. Total Contributions from S See instructions for definition of Small			2014 2014 12 41 72 6	s Period ONLY STAL SECTION A	\$ 0			
		B. Itemized Con	ıtribı	itions from Indivi	duals			
Last Name Hick			Firs T	thomas				м Н
Residential Street Address 991 Jerome Ave		ľ	City Bristo	ol		State CT		Code 6010
Principal Occupation		1		Name of Employer		L		
Project Lead				Aetna				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to s contributor or business he/she is ned at more than \$5,000?				, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a si If yes, indicate which bran of government the contract	ch or b	ranches	e contractor? Yes OLegislative			
Method of Contribution:		or government and contact	13 71141	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit C	ard (Payroll Deduction OMoney	Order	06/04/2015				
Last Name			Firs	st	1			MI
Kapchensky			Α	ndrea			*****	
Residential Street Address 23 Caswell Ave		C	City Bristo	ol		State CT	. ~	Code 6010
Principal Occupation Retired				Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to s contributor or business he/she is ted at more than \$5,000?				, Amo		of Contribution
	Yes No	Is contributor a principal of a s If yes, indicate which brar of government the contrac	ich or t	oranches	te contractor? Yes No Legislative			
Method of Contribution:			-		Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit C	ard	Payroll Deduction OMoney	Order	06/04/2015				
Last Name Nielsen			Fin	st E riC				м Р
Residential Street Address			City			State	Zip	Code
115 Inwood Lane			Brist	ol		СТ		3010
Principal Occupation				Name of Employer				Manager 1
Material Handler				Mckesson Pharm	aceutical			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to see contributor or business he/she used at more than \$5,000?				25.		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	oranches	te contractor? OLegislative			
Method of Contribution: Ocash Personal Check Ocredit/Debit Contribution:	Card (Payroll Deduction OMoney	Order	Date Received 06/04/2015	Aggregate Contributions			
Company Company				1 0 4: B mr	b 100.00			
				L Section B — This	rage			
				Iditional Section B l				
TOTAL OF.	ALL	CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections) umn A of Summary Page				

Revised January 2015

Section B ADDITIONAL PAGE 5 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)			TYPE OF REPORT			
Jodi for Council				July 10 filing			
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
B. Itemiz	zed Com	tribu First	tions from Indiv	iduals		MI	
Cockayne		M	arion				
Residential Street Address 93 Tuttle Rd		ity B risto	l		State CT	Zip Code 06010	
Principal Occupation Retired			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contributor or busines valued at more than \$5.00	ess he/she is			ve officer of a municipality t with said municipality	y, Am.	ount of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No No If yes, indicate with an event reported in Section L1? If yes, indicate with an event reported in Section L1?	which brane	h or br		● No			
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction			Date Received 06/04/2015	Aggregate Contributions			
Last Name Zils		First	elly	.1		MI A	
Residential Street Address 34 Somerset Cr		ity Bristo	ol .		State CT	Zip Code 06010	
Principal Occupation Paraprofessional			Name of Employer East Granby BO	E	 		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? System of the policy of the po	ess he/she is			ve officer of a municipality t with said municipality	y, Ame	ount of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate of government	which brane	ch or b		ate contractor? Yes			
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction			Date Received 06/04/2015	Aggregate Contributions			
Last Name Zils		First Pa	atricia			MI M	
Residential Street Address 82 Robertson		ity Bristo	ol .		State CT	Zip Code 06010	
Principal Occupation Retired			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,00	ness he/she is			ve officer of a municipality	y, Am 25.	ount of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No No If yes, indicate of government	which brane	ch or b		ate contractor? ONO Description:			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney (Order	Date Received 06/04/2015	Aggregate Contributions			
	SUBT	OTA	L Section B — Thi	s Page 100.00			
	TOTAL	of ad	ditional Section B	Pages			
TOTAL OF ALL CONTRIBUTION (Enter tole			VIDUALS (Sections mn A of Summary Pag				

Revised January 2015 Sec	ction B ADDITIONAL	L PAGE <u>(</u>	ot	
NAME OF COMMITTEE Provide Complete Na	ame as Registered with Filing Repository)		TYPE OF REPORT	
Jodi for Council			July 10 Filing	
A. Total Contributions from S See instructions for definition of Small		ed this Period ONLY UBTOTAL SECTION A	\$ O	
	·			
	B. Itemized Cor	ntributions from Indivi	duals	
Last Name Zilis		First John		P M
Residential Street Address 82 Roberston St		City Bristol	1	State Zip Code CT 06010
Principal Occupation		Name of Employer		
Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 25.00
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran	tate contractor or prospective statech or branches	● No	
If yes, list Event # Method of Contribution:	of government the contract	t is with: OExecutive	OLegislative Aggregate Contributions	4
	t Card OPayroll Deduction OMoney	20/24/2047	200.00	
Last Name		First	1	MI
Simoneau		Karen		
Residential Street Address 109 Hopmeadow Rd	ļ (City Bristol		State Zip Code CT 06010
Principal Occupation		Name of Employer	<u></u>	
Associate		Stop and Shop		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 25.00
event reported in Section L1?	Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac		te contractor? Yes No Legislative	
If yes, list Event # Method of Contribution:	of government the contrac	Date Received	Aggregate Contributions	-
Ocash OPersonal Check Ocredit/Debit	t Card OPayroll Deduction OMoney	Order 06/04/2015		
Last Name Denino		First Carrie		MI
Residential Street Address		City		State Zip Code
40 Field St		Bristol		CT 06010
Principal Occupation		Name of Employer		
Lead		Webster Bank		_
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				Amount of Contribution 50.00
		state contractor or prospective state		
event reported in Section L1? If yes, list Event #	No If yes, indicate which bran of government the contract		OLegislative	
Method of Contribution:		Date Received	Aggregate Contributions	1
Ocash OPersonal Check Ocredit/Debit	t Card OPayroll Deduction OMoney	Order 06/04/2015		
	SUBT	OTAL Section B — This	Page 100.00	
	TOTAI	of additional Section B l	Pages	

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Enter total on Line 13, Column A of Summary Page Totals)

Revised January 2015

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)		•	TYPE OF REPORT			
Jodi for Council				July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				_{\$} 0			
					o organistical graduations		
	B. Itemized Co		itions from Indivi	duals		1	
Last Name Williams		Fir.	ames			T T	
Residential Street Address City 16 Welch Dr Bristol					State CT	Zip Code 06010	
Principal Occupation Custodian			Name of Employer CCSU			-1	
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a can	didate for a chief executive	e officer of a municinality	Amo	unt of Contribution	
or dependent child of a lobbyist? No	does contributor or business he/she valued at more than \$5,000?				50.0		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a solution of government the contract	nch or b	ntractor or prospective state	OLegislative Yes			
Method of Contribution:			Date Received	Aggregate Contributions	1		
Cash Personal Check Credit/Debit Ca	rd OPayroll Deduction OMoney	Order	06/04/2015				
Last Name Lamarre		Firs	st Findy			МІ	
Residential Street Address 301 Old Orchard Rd		City Bristo	ol		State CT	Zip Code 06010	
Principal Occupation			Name of Employer			1	
Secretary			Broker Advanced	Concepts			
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				50.0	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or t	oranches	e contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Ca	rd OPayroll Deduction OMoney		Date Received 06/03/2015	Aggregate Contributions			
Last Name Harger		Firs K	athleen			MI M	
Residential Street Address 123 Butternut Ln		City Brist	ol		State CT	Zip Code 06010	
Principal Occupation Secretary	1		Name of Employer Kuhn Employmen	it Opp.			
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1? If yes, indicate which branch or branches of government the contract is with: Output Description Output							
Method of Contribution:			Date Received 06/04/2015	Aggregate Contributions	1		
Cash Personal Check Credit/Debit Ca	rd OPayroll Deduction OMoney	Order	00/04/2013	m0ease=e			
	SUBT	TOTA	L Section B — This	Page 350.00			
	TOTAL	of ad	lditional Section B P	'ages			
TOTAL OF A	LL CONTRIBUTIONS FROM	4 INDI	VIDUALS (Sections A	(+B)			

Section B ADDITIONAL PAGE _

0

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)		TYPE OF REPORT			
Jodi for Council		July 10 Filing				
A. Total Contributions from S See instructions for definition of Small	red this Period ONLY SUBTOTAL SECTION A	_{\$} 0				
	B. Itemized Cor	ntributions from Indivi	duals			
Last Name Fry		First Chris			MI L	
		ty Bristol		State CT	Zip Code 06010	
Principal Occupation Financial Adviser		Name of Employer Ameriprise Finance	Name of Employer Ameriprise Financial			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Yes No 100.00				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a s If yes, indicate which bran of government the contrac	a state contractor or prospective state contractor? Yes No				
Method of Contribution: OCash Personal Check Ocredit/Debit C		Date Received	Aggregate Contributions			
_{Last Name} Mastrobattista		First John			МІ	
		City Bristol			Zip Code 06010	
Principal Occupation Retired		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Yes No No Amount of Contribution 25.00				
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes, indicate which bran	ontributor a principal of a state contractor or prospective state contractor? Yes Yes Yes O No of government the contract is with: Executive Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Contribution:		Date Received	Aggregate Contributions			
Last Name Nocera		First Dianne			МІ	
		ity Bristol		State CT	Zip Code 06010	
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			25.0	unt of Contribution	
	Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive OLegislative					
Method of Contribution:	Sand OBarrall Deducation On a	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit C		Older	150.00			
	SUBT	FOTAL Section B — This	Page 150.00			
	TOTAL	L of additional Section B P	'ages			
TOTAL OF A	ALL CONTRIBUTIONS FROM Enter total on Line 1	M INDIVIDUALS (Sections A 13, Column A of Summary Page				

Section B ADDITIONAL PAGE _______ of ______

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Jodi for Council			TYPE OF REPORT July 10 Filing					
A. Total Contributions from Small Contributors-Research (See instructions for definition of Small Contributor)	05025050505050	75.6	S Period ONLY TAL SECTION A	§ 0				
B. Itemize Last Name Niwinski	d Cont	First	tions from Individual	duals			MI L	
Residential Street Address 332 Beths Ave		City Bristol			State CT	Zip C	ode 010	
Principal Occupation		Name of Employer				<u></u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Viscontribution is in excess or does contributor or business valued at more than \$5,000?	s he/she is							
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate white of government the	ich branc							
Method of Contribution: Cash Personal Check Occedit/Debit Card Payroll Deduction O	Money C	Order	Date Received 06/07/2015	Aggregate Contributions				
Last Name Caggiano		First					MI	
Residential Street Address 27 Cricket Hill Rd		ity Bristol		State CT	Zip C 060	ode)10		
Principal Occupation Sales			Name of Employer Adaptive Biotechr	nolgies				
	s he/she is	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality O Yes No Amount of Contribut 40.00				Contribution		
event reported in Section L1? No If yes, indicate whi	s Is contributor a principal of a state contractor or prospective state contractor? OYes							
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Payroll Deduction October 1988 (1988)				Aggregate Contributions				
Last Name Cockayne		Firs	t harles				мі В	
Residential Street Address 10 Spring Brook Rd		Sity Wallingford		State CT	Zip C 06	^{ode} 492		
Principal Occupation Managing Consultant Name of Employer Optum								
	s he/she is	0 to a candidate for a chief executive officer of a municipality, le is associated with have a contract with said municipality Yes No No Amount of Contribut 25.00				Contribution		
event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative							
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction C)Money (Order	Date Received 06/11/2015	Aggregate Contributions				
SUBTOTAL Section B — This Page 115.00								
TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS (Enter total of			VIDUALS (Sections A mn A of Summary Page					

Section B ADDITIONAL PAGE 10 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Jodi for Council			July 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0				
						·	
	B. Itemized Con		tions from Individ	luals		1.6	
Last Name Cockayne		Firs M	arion			MI	
Residential Street Address 93 Tuttle Rd		City Bristol			State CT	Zip Code 06010	
Principal Occupation Retired	Name of Employer						
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 to excentributor or business he/she ued at more than \$5,000?			et with said municipality			
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac						
Method of Contribution: Cash Personal Check Credit/Debit Card (OPayroll Deduction OMoney	Order	Date Received 05/12/2015	Aggregate Contributions 50.00			
Last Name		Firs	t			MI	
Residential Street Address		City			State	Zip Code	
Principal Occupation			Name of Employer			<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves No Ves One does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes O No							
this contribution associated with an vent reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Security Description of a state contractor or prospective state contractor? One of government the contract is with: One of government the contract is with:							
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card	OPayroll Deduction OMoney	Order	Date Received	Aggregate Contributions			
Last Name		Firs	it			МІ	
Residential Street Address		City			State	Zip Code	
Principal Occupation			Name of Employer				
or dependent child of a lobbyist? O No doe	contribution is in excess of \$400 es contributor or business he/she hued at more than \$5,000?				, Anno	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a surface of government the contract	nch or b	ranches	e contractor? Yes No Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received Aggregate Contributions Aggregate Contributions							
SUBTOTAL Section B — This Page 100.00							
	TOTAL	of ad	lditional Section B I	'ages			
TOTAL OF ALL	CONTRIBUTIONS FROM		VIDUALS (Sections /				